

PARENT SURVEY

PEA _____ SCHOOL/SITE _____

Please answer each question with information about your child and your experiences with special education in this school.
Please return the survey in the pre-addressed envelope. Thank you for your time and information.

How long has your child been receiving Special Education services? _____

**FOR
TEAM
USE ONLY**

1. Describe the good things going on in your child's special education program.

2. Was your child evaluated or reevaluated this year? YES _____ NO _____
 If **NO**, please go to question 3.

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II.B.4

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II.B.5.a

- A. If YES, were you a member of the evaluation team? YES _____ NO _____

- B. Did the team consider your information? YES _____ NO _____

Comments: _____

- C. Were your rights explained to you before you agreed to any new testing for your child?
 YES _____ NO _____

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V.B.2.b

Comments: _____

- D. Were these rights given to you in a way that was easy to understand?
 YES _____ NO _____

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V.B.2.e

Comments: _____

- E. Did you receive a copy of the evaluation? YES _____ NO _____

Comments about the evaluation process for your child: _____

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II.B.14

3. Were you informed about meetings early enough to attend? (IEP meetings, evaluation team meetings, and manifestation determination meetings) YES _____ NO _____

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V.B.2.c

Comments: _____

4. Have your suggestions been used in your child's IEP? (examples: levels of performance, goals)? YES _____ NO _____

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V.B.2.f

Comments: _____

5. Does the IEP reflect all the educational needs of your child? YES _____ NO _____
 If NO, please explain: _____

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III.B.12

6. Were the Arizona Academic Standards used to develop your child's IEP goals?

YES _____ NO _____

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III.B.4.e

Comments: _____

7. How often do you receive IEP progress reports?

Comments: _____

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III.B.11

8. Does the progress report let you know if your child will achieve his/her IEP goals this year?

YES _____ NO _____

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III.B.10.b

Comments: _____

9. What does the school do if your child is not making progress?

Comments: _____

10. Is your child receiving the amount of services currently listed on the IEP?

YES _____ NO _____

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IV.B.2

Comments: _____

11. Is your child in high school?

YES _____ NO _____

If **NO** go to question 13

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III.b.5.a

If Yes was your child involved in the development of the IEP?

12. Is your child enrolled in career exploration or other work experiences in school and/or community settings?

Comments: _____

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III.B.6.a

13. Has your child been suspended this school year?

YES _____ NO _____

If **NO**, go to question 15.

If **YES**, how many total days has your child missed due to suspension? _____

In order to assist us in our monitoring, please provide you child's name and birth date so we can follow up on the school's compliance with state and federal laws.

Child's Name _____ Birthdate _____

14. Describe any concerns about your child's special education program

